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Application Number		
Filing Date	HEREWITH	
First Named Inventor	William H. Cork	
Group Art Unit		
Examiner Name		
Attorney Docket Number	F-5629	

i nereby appo	oint:						
Practitioners at Customer Number OR Place Customer Number Bar Code Label here							
X Practition	X Practitioner(s) named below:						
		Name	-	ation Number			
	dford R.		29,101				
	/ L. H. R		32,094				
	nael C. N		38,545				
Gary	/ W. McI	-arron	27,357				
as my/our attor business in the	ney(s) o United	r agent(s) to prosecute the application in States Patent and Trademark Office cor	dentified above, nnected therewit	and to transact all th.			
		espondence address for the above-ident ed Customer Number.	ified application	to:			
X Firm <i>or</i> Individual Na	ame	Bradford R. L. Price					
Address		Baxter Healthcare Corporation - Fenwa	all Division, RLF	2-30			
Address		P.O. Box 490 - Route 120 & Wilson Ro	oad				
City		Round Lake	State Illinois	Zip 60073			
Country		USA					
Telephone		(847) 270-2632	Fax (847) 270-	2658			
l am the: X Applican	nt/Invente	or.					
Assignee Stateme	e of reco	rd of the entire interest. See 37 CFR 3.7 37 CFR 3.73(b) is enclosed. (Form PT	71. D/S <i>B</i> /96).				
		SIGNATURE of Applicant or Assigne	e of Record				
Name	William	H. Cork					
Signature	//						
Date	9/	17/01					
NOTE: Signatures of all forms if more than one	l the inven signature	tors or assignees of record of the entire interest on sequired, see below*.	or their representativ	ve(s) are required. Submit multiple			
☑ *Total of <u>6</u>	for	ms are submitted.					
							

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First Named Inventor	William H. Cork	
Group Art Unit		
Examiner Name		
Attorney Docket Number	F-5629	

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	Name	Registration Number				
Brac	lford R. L. Price	29,101				
Amy	L. H. Rockwell	32,094				
Mich	nael C. Mayo	38,545				
Gary	W. McFarron	27,357				
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Country	USA					
Telephone	(847) 270-2632	Fax (847) 270-2658				
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Name	Mark C. Weber					
Signature	while					
Date	9/17/01					
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First Named Inventor	William H. Cork	
Group Art Unit		
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	Name	Registra	tion Number		
Bradford R.	L. Price	29,101			
Amy L. H. R	lockwell	32,094			
Michael C. N	Лауо	38,545			
Gary W. Mc	Farron	27,357			
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Name Kyung	yoon Min				
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Examiner Name		_
Attorney Docket Number	F-5629	_

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Amy L. H. R		32,094				
Michael C. N		38,545				
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	SIGNATURE of Applicant or Assigne	e of Record				
Name James	J. Ulmes					
Signature	me & Ulma					
Date C	7/28/2001					
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First Named Inventor	William H. Cork	
Group Art Unit		
Examiner Name		
Attorney Docket Number	F-5629	

I hereby appoint:						
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X Practitioner(s	s) named below:	Label here				
	Name	Docidentino Name				
Bradford	I R. L. Price	Registration Number				
	H. Rockwell	32,094				
	C. Mayo	38,545				
	McFarron	27,357				
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X Firm <i>or</i> Individual Name	Bradford R. L. Price					
Address	Baxter Healthcare Corporation - Fen	wall Division, RLP-30				
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	SIGNATURE of Applicant or Assig	nee of Record				
Name Ric						
Signature Dead of Wast						
Date 10/9/01						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
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Application Number		_
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First Named Inventor	William H. Cork	
Group Art Unit		
Examiner Name		_
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	Name Registration Number						
Bradford R.	L. Price	29,101					
Amy L. H. f	Rockwell	32,094	32,094				
Michael C.	Мауо	38,545					
Gary W. Mo	Farron	27,357					
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City	Round Lake	State Illinois	Zip 60073				
Country	USA		· , <u>- </u>				
Telephone	(847) 270-2632	Fax (847) 270-2	2658				
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SIGNATURE of Applicant or Assignee of Record							
Name Ying-C	Ying-Cheng Lo						
Signature	Signature 9 There do						
Date / 0-02-01							
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DECLARATION — Utility or Design Patent Application

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Baxter Healthcare Corporation Fenwal Division, RLP-30 Address P.O. Box 490 - Route 120 & Wilson Road								
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Country	USA	Tele	phone (847) 2	70-26	32	Fax (847) 270-2658		
are believe made are	ed to be true: and further th	at these statements onment, or both, un	s were made with	h the k	nowledge that willful f	made on information and belief alse statements and the like so statements may jeopardize the		
NAME O	F SOLE OR FIRST IN	VENTOR:	A petition h	as be	en filed for this un	signed inventor		
Given Nan (first and	ne middle [if any]) <u>William</u>	Н.			ly Name urname Cork			
Inventor's Signature	1 11111 121					Date 9/7/4		
Residence	e: City Lake Bluff	L.	State Illinois		Country USA	Citizenship USA		
Mailing Ad	ddress 439 W. Sherida	ın Place						
City Lak	ce Bluff	,	State Illinois		ZIP 60044	Country USA		
NAME C	F SECOND INVENTO	R:	A petition has	s beer	n filed for this unsi	gned inventor		
Given Name (first and middle [if any]) James J. Family Name or Surname Ulmes								
Inventor's Same & Illine Date 10/10/01								
Residence	e: City _Lake Zurich_	-	State Illinois	c	country USA	Citizenship USA		
Mailing Address 575 Cortland Drive								
City Lak	City Lake Zurich State Illinois ZIP 60047 Country USA							
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.								

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

		_			-					
Name of Additional Joint Inventor, if any:										
Given Na	ame (first and middle [if any]) Family Name or Surname									
Richar	rd L. West									
Inventor's Signature	Ando	1.4	Jaz	_				Date		0/9/01
Residence: City	Lake Villa I.L.	State	Illinois	, ,	Country	USA	Citizens	Citizenship USA		
Post Office Address	37162 N. Lake Shore D	rive								
Post Office Address					·					
City	Lake Villa	State	Illinois		ZIP	60046	Country	, us	SA.	
Name of Addition	nal Joint Inventor, if an	y:			A petitic	n has been file	ed for thi	is unsigi	ned inv	entor
Given Na	me (first and middle [if any]))		\perp		Family Na	me or S	Surname		
Ying-0	Cheng				Lo	•				
Inventor's Signature	900	<u> </u>	7 6		<u> </u>			Da	ite	10-02-9
Residence: City	Green Oaks IL.	State	Illinois		Country	USA		Citize	nship	USA
Post Office Address	225 Fox Run Road							- .		100,
Post Office Address										
City	Green Oaks	State	Illinois		ZIP	60048	Coun	try į	JSA	
Name of Addition	nal Joint Inventor, if an	y:			A petitio	n has been file	ed for thi	is unsigr	ned inv	entor entor
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Mark	<u>C.</u>			We	ber					··· -
Inventor's Signature ←	allel Date 9/2				9/17/0					
Residence: City	Algonquin エレ.	State	State Illinois Country USA Citizenship			USA				
Post Office Address	Post Office Address 800 Birch Street									
Post Office Address										
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ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 4__ of 4_

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any]	Fa	mily Name or	Surname				
Kyungyoon		M	<u>in</u>				
Inventor's Signature				Date Dec 10,2001			
Residence: City Gurnee I.L.	State	Country		South Korea			
Mailing Address							
Mailing Address 7267 Clem Drive							
City Gurnee	State L	ZIP 60031	Coun	try USA			
Name of Additional Joint Inventor, if an	ıy:	A petition has	been filed for the	his unsigned inventor			
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Inventor's Signature				Date			
Residence: City	State	Country	Country Citizenship				
Mailing Address							
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Name of Additional Joint Inventor, if a	State			untry is unsigned inventor			
Given Name (first and middle [if any]	Family Name or Surname						
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Inventor's Signature				Date			
Residence: City	State	Country		Citizenship			
Mailing Address							
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City	State	ZIP		Country			

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